**Application for the**

**USDA Grass Fed Program for Small and Very Small Producers – Sheep**

*Refer to QAD 1020 for directions on submitting this form.*

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| Date Application Completed: |  |
| Producer Contact/Name: |  |
| Ranch/Farm Name: |  |
| Physical address of Ranch/Farm  City, State, Zip Code: |  |
| Producer Contact Phone:  Producer Contact Cell Phone:  Producer Contact Fax Number: |  |
| Email Address: |  |
| Billing Address if different from Physical address: |  |
| Once your application is received, a USDA AMS employee will contact you by phone and/or email to discuss your Grass Fed application. The employee will explain the application and review process and begin your assessment. Additional records and/or phone calls may be required to finalize your application. Due to complexities of each individual operation an onsite audit may be required. | |

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| Explain your Grass Fed Operation Below (additional pages may be included if needed). |
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Answer the following questions to

**Identify Conformance to the Grass Fed Claim**

**(Provide Detail Information)**

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| Type of Farm/Ranch:  Ewe/lamb (sell lambs off farm/ranch)  Ewe/lamb/finish operation, (finish lambs on farm/ranch)  Backgrounder  Feedlot |  | | | |
| Number/type of animals wishing to enroll in program:  Ewes  Lambs  Yearlings |  | | | |
| Do you have animal identification/records  Ear Tags  Tattoo  Brands/paint brands |  | | | |
| Total number of animals and acres in operation to support grazing animals. |  | | | |
| Types of forage raised on operation to supplement feeding as necessary, also number of acres. |  | | | |
| Do you buy supplemental forages for feeding in non-grazing season: | Type: |  |  |  |
| Amount(s): |  |  |  |
| Records kept: |  |  |  |
| What is your typical grazing season/period. |  | | | |
| Do you raise grains, or buy grain by products for use on farm/ranch. If yes, explain how products are not used in grass fed program. |  | | | |
| Do your animals consume any grain products, if yes explain. |  | | | |
| Do your animals receive routine mineral, liquid, and or vitamin supplements (describe). |  | | | |
| Have your animals been supplemented with non-forage feedstuffs during times of adverse environmental or physical conditions (explain in detail according to QAD 1020 Procedure requirements). |  | | | |
| Have your animals had any inadvertent exposure to non-forage feedstuff (such as getting into neighbor’s grain fields or your own grain supply if available) if yes, provide details according to QAD 1020 Procedure requirements. |  | | | |
| Will you be marketing/labeling your animals with the USDA Grass Fed claim. |  | | | |
| Do you purchase outside animals to be approved for the grass fed program. |  | | | |
| How would you control animals that become non-conforming animals and not marketed as grass fed. |  | | | |
| What type of records do you keep to verify conformance to grass fed program:  Length of time records are kept: |  | | | |

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| **An important component and requirement of this program is the AMS LP QAD Web listing of all approved farms and ranches. At a minimum, we must post the name and location of the farm or ranch. In signing this you are agreeing to allow us to list your farm or ranch on this listing.**  Information provided in this application is needed to authorize USDA employees to perform the requested service (7 CFR 62). You may by law, be fined up to $10,000, imprisoned up to 5 years, or both for knowingly or willfully making false statements within this document (18 U.S.C. Section 1001).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name (Producer) Signature (Producer) Date |